

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/068054

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
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43			/			
44			/			
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			2			
TOTAL DEP.			19			
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	31					